

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-575)**

SERIAL NO. 447252 FILING DATE
APPLICANT(S)

CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
1							1	51				
2								52				
3								53				
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44								94				
45								95				
46								96				
47								97				
48								98				
49								99				
50								100				
TOTAL IND.	3							TOTAL IND.				
TOTAL DEP.	3							TOTAL DEP.				
TOTAL CLAIMS	C							TOTAL CLAIMS				